

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	VISIT # [REDACTED] PATIENT: SARAH WITTER Provider: WILLIAM LIGHART, MD Date of Service: 02/13/2018				
02/13/18	ROOM-BOARD/SEMI	2242.00			
	PHARMACY	10.05			
	DRUGS/OTHER	689.95			
	86900 LABORATORY	457.80			
	73564 DX X-RAY	440.00			
	73700 CT SCAN	1970.00			
	96374 EMERG ROOM	1537.00			
	29515 PRO FEE	182.00			
	99284 PRO FEE/ER	326.00			
	99233 PRO FEE/HOS VIS	331.00			
02/14/18	ROOM-BOARD/SEMI	2242.00			
	PHARMACY	52.93			
	DRUGS/OTHER	212.46			
	93005 EKG/ECG	262.00			
	93010 PRO FEE/EKG	142.00			
02/15/18	ROOM-BOARD/SEMI	2242.00			
	PHARMACY	420.21			
	DRUGS/OTHER	158.15			
	NON-STER SUPPLY	630.00			
	STERILE SUPPLY	107.07			
	SUPPLY/IMPLANTS	9706.23			
	73610 DX X-RAY	389.00			
	OR SERVICES	12992.00			
	ANESTHESIA	1853.00			
	RECOVERY ROOM	1163.00			
	64445 TREATMENT RM	1624.00			

MESSAGES:

41289.85

WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR
RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT
PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.

PAY YOUR BILL ONLINE. PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/

VISIT # [REDACTED] PAY THIS AMOUNT 7795.79

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



 Rutland Regional Medical Center
An Affiliate of Rutland Regional Health Services

160 ALLEN STREET
BURLINGTON, VT 05401

TEMP-RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES:

PHONE: 866-460-8277

EMAIL: patientaccounts@mmc.org

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on

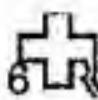
In the interest of your privacy, to pay by credit/debit card you may pay online at WWW.RRMC.ORG or by calling 866-460-8277. Thank you.

DUE DATE	PAY THIS AMOUNT	VISIT #
04/27/2018	7795.79	[REDACTED]
ITEM NUMBER	SHOW AMOUNT PAID HERE	\$ [REDACTED]

626864 (PC2)

SARAH SWITTER

REMIT TO:



STATEMENT

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
03/30/18	VISIT # [REDACTED] PATIENT: SARAH WITTER Provider: ERIC MARSH, MD Date of Service: 03/30/2018				
	73610 DX X-RAY	201.00			
	73610 PRO FEE	48.00			
	Payments and Adjustments		-188.70		
	VISIT TOTAL	249.00	-188.70	0.00	60.30

PATIENT BALANCE

60.30

MESSAGES:

WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.

PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/

VISIT # [REDACTED]	PAY THIS AMOUNT	60.30
--------------------	-----------------	-------

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE				
	VISIT # [REDACTED] PATIENT: SARAH WITTER								
	Provider: ERIC MARSH, MD								
	Date of Service: 06/06/2018								
06/06/18	36415 LABORATORY	124.09							
	73610 DX X-RAY	201.00							
	99212 CLINIC	124.00							
	99214 PRO FEE	148.00							
	Payments and Adjustments		-481.89						
	VISIT TOTAL	597.09	-481.89	0.00	115.20				
		PATIENT BALANCE		115.20					
MESSAGES:									
WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.									
PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/									
VISIT #	[REDACTED]		PAY THIS AMOUNT	115.20					

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	VISIT # [REDACTED] PATIENT: SARAH WITTER				
	Provider: ERIC MARSH, MD				
	Date of Service: 06/08/2018				
06/08/18	PHARMACY	12.20			
	DRUGS/OTHER	4.86			
	STERILE SUPPLY	87.56			
	SUPPLY/IMPLANTS	12859.61			
	86900 LABORATORY	418.31			
	OR SERVICES	9464.00			
	ANESTHESIA	1216.00			
	DRUGS/DETAIL CODE	281.89			
	RECOVERY ROOM	1163.00			
	64445 TREATMENT RM	1624.00			
	99218 OBSERVATION RM	1209.00			
	27720 PRO FEE	3105.00			
06/09/18	DRUGS/OTHER	41.31			
	73610 DX X-RAY	234.00			
	PHYSICAL THERAPY	0.02			
	97161 PHYS THERP/EVAL	217.00			
	DRUGS/DETAIL CODE	9.40			
	96374 TREATMENT RM	345.00			
	Payments and Adjustments		-25243.37		
	VISIT TOTAL	32292.16	-25243.37	0.00	7048.79

PATIENT BALANCE

7048.79

MESSAGES:

WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.

PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/

VISIT # [REDACTED]	PAY THIS AMOUNT	7048.79
--------------------	-----------------	---------